U.S. Department of Labor Office of Later-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1, File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name Steven D Wilhelm	Name Transportation Communications Union-6760				
	Labor Organization File Number 023-680				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 1201 Canal St	Street 9652 Fenwick Lane				
City New Haven	City New Haven				
State Indiana ZIP Code + 4 46774-124	1 State Indiana ZIP Code + 4 46774-1666				
5. Position in labor organization. Local Chairman-Delegate					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Staves Wilhilm	On 1/3/2006 260-749-9395				
Form (M-30 (2003)	Date Telephone Number				

Name of Person Filing Steven Wilhelm		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such deali	ue of such dealing.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name C. Marshall Friedman, P.C. Trade Name, if any: Attorney-At-Law (FELA) P.O. Box, Bldg., Room No., if any 13th Floor Street 1010 Market St City St. Louis State Missouri ZIP Code + 4 63101	14.a. Nature of payment. Union educationa rooms, educationa		eals, meeting equipment			
13.b. Is the Business an Employer X or Consultant 7	14.b. Amount of payment.		\$759			